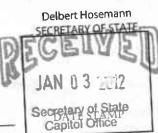
REPORT OF RECEIPTS AND DISBURSEMENTS 2011 Elections



11.	VJYAPle	ي کيا	Secretary of State Capitol Office
me of Candidate	- 01	County Jose	S
dress 366 Foyest	Rd		• \
lephone 601 649	4972	Fax	outlier
fice Sought Rep 19157	# 88	Political Party	leg@bellgouth.
		Email Address	leg (Se off)
Check here if above is different for	rom previous report		Mandatory
		30, 2011)	Mandatory
lay 10, 2011 Periodic Report (Janu une 10, 2011 Periodic Report (Ma	y 1, 2011, through May 31, 2	2011)	Mandatory
une 10, 2011 Periodic Report (Maj uly 8, 2011 Periodic Report (June	1, 2011, through June 30, 20	011)	Discor Candidates
uly 8, 2011 Periodic Report (June uly 26, 2011 Pre-Election Report	July 1, 2011, through July 2	23, 2011)	Primary Cardidates
October 10, 2011 Periodic Report November 1, 2011 Pre-Election Re	port (October 1, 2011, thro	ough October 29, 2011) _	Mandatory
November 1, 2011 Pre-Election Re November 22, 2011 Pre-Election	- (October 30, 2011, t	hrough November 19, 20	11)Runoff Candidates Only
November 22, 2011 Pre-Election January 10, 2012 Periodic Report	Report (October 30, 2011)	December 31, 2011)	Mandatory
10 2012 Periodic Report	(October 1, 2011, through	December	
January 10, 2012 (Citotal Line)			
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Termination Report (Candidate w Campaign expenditures and has no	outstanding campaign de	bt obligation)	L. to such case, the candidat
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Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid renatios. Failure to subtilit required reports, or railure to subtilit reports in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972). reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

ne of Candidate or Committee	FIDTO	
Dorting period OCT THE through DOCT THE THROUGH THROUG	EIP 15 Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 1V21VI	\$ 300 00
name James of Check more		\$
ling Address		\$
, State, Zip Code		\$
me of Employer (Required)	Aggregate	\$ 300 00
cupation (Required)	year-to-date Date	Amount of each receipt
Source: Corporation PAC Individual	(Mo., Day, Year)	this period
Other (please specify)	<u>[1] [w] [1] [</u>	\$ 400,00
COCH - COLA BOHTLENG Co.	\square	\$
		\$
City, State, Zip Code		\$
Name of Employer (Required)	Aggregate year-to-date	\$ 400 00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Yea	Amount of each receipt this period
Other (please specify)	7/18/1	\$ \$500 00
Full name M155 Meo. PAC		\$
Mailing Address		\$
City, State, Zip Code		s
Name of Employer (Required)	Aggregat year-to-da	te
Occupation (Required) D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)		\$
Full name		\$
Mailing Address		\$
City, State, Zip Code		√ \$ □
Name of Employer (Required)	Aggreg	ate \$

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Name of Candidate or Committee	2419	through	
Reporting period Oct / 49	-	tillough _g2	

ITEMIZED DISBURSEMENTS

Full name 1 11 Tanna Constant	Date (Mo., Day, Year)	Amount of each disbursement this period
Full name AINSWOYTH Impress 1225	41041	\$ 1057/16
ty, State, Zip Code		\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	s
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AND AND MATTER OF STREET	/ /	s
ailing Address		s
ity, State, Zip Code	'	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	s
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_'_'_	. s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Yea	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate	
	Date	
F. Full name	(Mo., Day, Year)	
Mailing Address		_ \$
City, State, Zip Code		_ s
Purpose of Disbursement (Optional)	Aggregate Year-to-da	te S